

MOTION TO DISMISS; DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s)	
	Court Date:
<p>MOTION TO DISMISS</p> <p>Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the District Court Rules of Civil Procedure, Rule _____, and the Declaration below.</p>	
<p>DECLARATION</p> <p>I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. <b>I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:</b></p> <p>1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;</p> <p>2. The following are facts why the Motion should be granted (attach continuation page, if necessary):</p>	
Date:	Signature of Declarant:  Print/Type Name:

### NOTICE OF MOTION

TO: \_\_\_\_\_;  
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_ M., or as soon thereafter as parties may be heard.

#### COURT ADDRESSES

- |  |  |
|--|--|
| <input type="checkbox"/> North & South Hilo Division | 75 Aupuni Street, Room 205, Hilo, Hawai'i 96720      |
| <input type="checkbox"/> Puna Division               | 16-200 Pili Mua Street, Kea'au, Hawai'i 96749        |
| <input type="checkbox"/> North & South Kona Division | 79-7595 Haukapila Street, Kealahkekua, Hawai'i 96750 |
| <input type="checkbox"/> Ka'u Division               | 95-5669 Mamalahoa Highway, Na'alehu, Hawai'i 96772   |
| <input type="checkbox"/> South Kohala Division       | 67-5175 Kamamalu Street, Kamuela, Hawai'i 96743      |
| <input type="checkbox"/> Hamakua Division            | 45-3880 Mamane St., Honoka'a, Hawai'i 96727          |
| <input type="checkbox"/> North Kohala Division       | 54-3900 Government Main Road, Kapa'au, Hawai'i 96755 |

Mailing address for the above Courts: ☐ **75 Aupuni Street, Civil Division, Room 205, Hilo, Hawai'i 96720** ☐ **P.O. Box 9017, 79-7595 Haukapila Street, Kealahkekua, Hawai'i 96750** ☐ **67-5175 Kamamalu Street, Kamuela, Hawai'i 96743.**

#### CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on \_\_\_\_\_ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

#### RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons:  
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

#### CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on \_\_\_\_\_ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Responding Party(ies)/Responding Party(ies)' Attorney:

In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, please contact the District Court Administration Office at PHONE NO. 934-5788, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.